

From: Hutton, James
Sent: 10 Aug 2018 10:36:04 -0700
To: Hutton, James
Subject: ICYMI - August 10, 2018

In Case You Missed It:

Below are Tweets sent this week with news links about #Veterans and links to Video/Audio products.

Links from Tweets will lead to full web articles for each posting.

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

Twitter: [@jehutton](https://twitter.com/jehutton)

Sinclair Broadcasting: 1-on-1 with new VA Secretary Robert Wilkie Jr. ow.ly/zgu230ljFdg

VA News Release: Secretary Wilkie meets with leaders at Washington DC VA Medical Center
ow.ly/dDP730liHDl

People: 'Black Hawk Down' Fighter Campaigns to End Opioid Addiction in Veterans
ow.ly/Jd9y30lgMrS

Oakland Alumni Visit Residents of Veterans Home of California ow.ly/Fyv930lkUjt

VA Blog: Google volunteers and Veterans meet at Palo Alto VA to improve job seeking skills
ow.ly/o3rB30lllgM

Kentucky Veterans Hall of Fame names 30 new members to be inducted next month
ow.ly/SK4y30ll2Wv

VA Blog: Brain cancer doesn't stop retired Army colonel from competing in Golden Age Games ow.ly/9jDi30lkQoB

New Mexico: Opening Ceremony For The Native American Veterans Exhibit at Angel Fire's Vietnam Veterans Memorial ow.ly/WIHU30lkMq8

VA Blog: Army Veteran and NYC police detective shares her experience fighting breast cancer ow.ly/CE5x30lkQqO

Why a Vineland VA and Rowan University (NJ) partnership is a 'win-win' for Veterans ow.ly/1e0g30lkM4V

VA Blog: The VHA Innovation Experience is coming and you're invited ow.ly/dlZm30lkQuZ

Iowa: Success fair for Veterans, transitioning soldiers to be held in Davenport Aug. 14 ow.ly/JwjL30lkQO1

VA Blog: VA's 7 tips to expand your professional network ow.ly/SU7o30lIO5O

Michigan: Vietnam Veterans honored at Jackson County Fair ow.ly/PJqQ30lIOjm

VA Blog: Veterans Legacy Program: Lt. Col. Robert Joseph Andrews, long serving pilot and Veteran of three wars ow.ly/HCKq30lkQm5

Missouri: Small space a big success for Veterans Community Project ow.ly/FVs330lkMzd

Military Times: New VA secretary promises Veterans better customer service and more medical options ow.ly/Irjq30lkLXq

Oklahoma: Veterans Resource Fair set for Muskogee August 29 ow.ly/x2Df30lkMnJ

Seattle Times: Amazon welcomes first graduates of program to turn Veterans into technologists ow.ly/kzDe30lkLQn

Maine: Work starts on Fisher House at Togus to lodge families of Veterans ow.ly/2WiH30lkMkK

Pennsylvania: Dog T.A.G.S. pairing service dogs with Veterans to treat PTSD ow.ly/OBPJ30lkMfR

Texas: Korean War Veterans honored in Lubbock on Purple Heart Day ow.ly/rHf330lj7XV

Tallahassee Democrat: VA secretary helps rename Veterans clinic for Monticello Marine Ernest "Boots" Thomas ow.ly/3wzj30ljFVu

VA Blog: VA's mission is America's promise ow.ly/QWXe30lj7Rr

VA News Release: VA releases health care benefit application for Spanish-speaking Veterans [ow.ly/jOop30lki60](https://www.va.gov/ow.ly/jOop30lki60)

VA Blog: Tennessee Veterans treated to up close and personal encounter with a bald eagle [ow.ly/PPGU30lj7Os](https://www.va.gov/ow.ly/PPGU30lj7Os)

SportTechie: U.S. Veteran Steve Kirk Uses Breath-Triggered Gun at Wheelchair Games [ow.ly/JLis30ljFaG](https://www.va.gov/ow.ly/JLis30ljFaG)

VA Blog: Fort Gibson National Cemetery final resting place for Oklahoma sailor killed at Pearl Harbor [ow.ly/ofPq30lj7HL](https://www.va.gov/ow.ly/ofPq30lj7HL)

Remains of WWII flyer coming home for Nebraska burial [ow.ly/Pgi330lja1j](https://www.va.gov/ow.ly/Pgi330lja1j)

Texas: Hiring Our Heroes program from Workforce Solutions helps Veterans get hired [ow.ly/YycF30lj87o](https://www.va.gov/ow.ly/YycF30lj87o)

Northwestern Michigan Fair Honors Veterans [ow.ly/iaV230liCba](https://www.va.gov/ow.ly/iaV230liCba)

North Georgia town readies for return of Korean War Veteran's remains [ow.ly/ZxyD30liXn0](https://www.va.gov/ow.ly/ZxyD30liXn0)

Korean War Veterans receive medals from ambassador [ow.ly/LKPu30liC7x](https://www.va.gov/ow.ly/LKPu30liC7x)

VA Blog: Army Veteran and NYC police detective shares her experience fighting breast cancer [ow.ly/5J2r30liPpC](https://www.va.gov/ow.ly/5J2r30liPpC)

Tallahassee Veterans health care center will be named for Iwo Jima hero Ernest 'Boots' Thomas [ow.ly/aDJK30liC52](https://www.va.gov/ow.ly/aDJK30liC52)

VA Blog: Despite struggles, Veteran finds solace in adaptive sports [ow.ly/PWO930liLzK](https://www.va.gov/ow.ly/PWO930liLzK)

Veteran attempting to become oldest person to hike Appalachian Trail [ow.ly/ivrY30liXvL](https://www.va.gov/ow.ly/ivrY30liXvL)

Innovative New York Program Brings Massage Therapy to Military Veterans [ow.ly/uhLB30lkUqx](https://www.va.gov/ow.ly/uhLB30lkUqx)

VA Blog: Former @NFL star- @Redskins Earnest Byner shows his love and respect for Veterans [ow.ly/A4WK30liLEp](https://www.va.gov/ow.ly/A4WK30liLEp)

ArkLaTex Veterans head to 2018 Golden Age Games [ow.ly/xqH230liC0d](https://www.va.gov/ow.ly/xqH230liC0d)

Liberty University to honor Veterans with lighting of Freedom Tower on Purple Heart Day [ow.ly/1e0x30liCdD](https://www.va.gov/ow.ly/1e0x30liCdD)

VA Blog: A career and a calling - VA interviews Richard Tremaine [ow.ly/nEHJ30lhHiX](https://www.va.gov/ow.ly/nEHJ30lhHiX)

Veterans find balance, relaxation with tai chi at VA center | ow.ly/P34p30lgMv5
ow.ly/FWDJ30lgMv6

VA Blog: Psychologists: VA is a good fit for your experience and skills ow.ly/NWDU30lhHdK

Mike Rowe surprises Operation Build Up with new workshop to rebuild cars for Veterans — google.com/amp/s/amp.demo...

VA Blog: Southeast Louisiana Veterans Cemetery pays final respects to four local Veterans ow.ly/B1Wo30lhGOc

New York: 13 St. Lawrence County Veterans honored at ‘Veterans Hall of Fame’ ceremony | NorthCountryNow ow.ly/xBA630lgMDk

VA Blog: VHA’s Telehealth Emergency Medicine uses holiday to test systems, prepare for emergency responses ow.ly/4abb30lhH7m

Cleveland: USS Cod Submarine Memorial hosts Veterans Family Fair | ow.ly/jVop30lgMAq
ow.ly/DzqD30lgMAR

VA Blog: VA dietitian offers healthy eating tips for breastfeeding moms ow.ly/bFDP30lhGIV

Navy Veteran with MS, 94, goes for gold in National Veterans Wheelchair Games | Fox News ow.ly/wnJ930lgMqz

VA Blog: Wheelchair Games provide Veterans opportunities to engage in community sports ow.ly/bjne30lhH2B

El Paso Veteran goes from homelessness to home-ownership | KFOX ow.ly/gO1Q30lgMyj

VA Blog: VA’s guide to polishing your personal brand ow.ly/K86r30lhGFJ

Former Packers quarterback Brett Favre supports veterans at National Veterans Wheelchair Games ow.ly/Niyt30lgMIR

VA Blog: Recreation therapy plays role in Veteran’s pursuit to stay active ow.ly/pGBV30lhGXv

Air Force partners with VA, implements Women’s Health Transition Pilot Program ow.ly/FLeq30liXM7

VA Blog: Veteran says VA health care and his “quick draw” does wonders for him ow.ly/fkl530lhGSM

Salt Lake City Veterans Affairs office to hold first ‘Benefits Fair’ in St. George Aug. 14 ow.ly/mJFr30liRHI

VA Blog: Theme song for National Veterans Golden Age Games urges Veterans to never stop 'Going for the Gold' ow.ly/6NUE30lhGCa

Washington: Veteran's brewery in South Sound benefits fellow Veterans | ow.ly/Gtpr30lgMFJ
ow.ly/SimL30lgMFK

Oklahoma: Veterans honored with downtown Edmond event ow.ly/Zvjc30ll3cH

Florida: Secretary Of VA To Address Jewish War Veterans ow.ly/UTli30lkM9W

From: Jake Leinenkugel
Sent: 31 Jul 2018 07:44:57 -0700
To: Leinenkugel, Jake
Subject: [EXTERNAL] Fwd: FW: Transcripts from COVER Commission July meeting
Attachments: 0724SIGMA Closed.docx, 0724SIGMA Open.docx, 0725SIGMA Closed.docx, 0725SIGMA Open.docx

----- Forwarded message -----

From: (b)(6)@va.gov>
Date: Mon, Jul 30, 2018 at 12:15 PM
Subject: FW: Transcripts from COVER Commission July meeting
To: (b)(6)@gmail.com (b)(6)@gmail.com>
CC: (b)(6)@va.gov>

Jake – hopefully you have had the opportunity to review the transcripts. I will need your signature on the bottom of the last page for all 4 sets before we can post them. Are you able to sign using Adobe?

Thank you

Vr/ S (b)(6)
(b)(6)

Designated Federal Officer

COVER Commission

(b)(6)@va.gov

202-461- (b)(6)

From: (b)(6) (FAV)
Sent: Monday, July 30, 2018 12:43 PM
To: (b)(6)
Subject: Transcripts from COVER Commission July meeting

Here are the documents. I added a signature line on the last page of each document for Jake, but it isn't working as I had expected. You can't see the block, but you can see his title on the last page – which is in the signature block. I added a comment to the document at the signature block so he could find it more easily.

If you send the signed ones back to me, I'll put them into PDF and file them on sharepoint. Will share the open session transcripts with ACMO and will prepare the summary for the closes sessions as she requested.

From: (b)(6)
Sent: Monday, July 30, 2018 9:47 AM
To: (b)(6) (FAV) <(b)(6)@va.gov>
Cc: (b)(6)@va.gov; (b)(6)
(b)(6)@va.gov
Subject: Response to Transcripts from COVER Commission July meeting

(b)(6) as discussed we do not have a memo template.

In most cases, the Chair's signature block is added to the last page of the minutes / transcripts. After the Chair signs the document, it's considered approved or certified as required by the ACMO Guide or VA Policy.

Very Respectfully,

(b)(6)  **MPA**

Advisory Committee Management Office (ooAC)

Program Specialist

Department of Veterans Affairs

Office: (202) 266-(b)(6)

Blackberry: (202) 731-(b)(6)

<http://www.va.gov/ADVISORY/>

From: (b)(6) (FAV)
Sent: Monday, July 30, 2018 9:55 AM
To: (b)(6) <(b)(6)@va.gov>
Cc: (b)(6) <(b)(6)@va.gov>; (b)(6) <(b)(6)@va.gov>
Subject: RE: Response to Transcripts from COVER Commission July meeting

Do you have a memo you can share that we can use as a template?

From: (b)(6)
Sent: Monday, July 30, 2018 8:44 AM
To: (b)(6) (FAV) <(b)(6)@va.gov>
Cc: (b)(6) <(b)(6)@va.gov>; (b)(6) <(b)(6)@va.gov>
Subject: Response to Transcripts from COVER Commission July meeting

Yes, definitely, please obtain the Chair's signature on the transcripts/minutes.

Very Respectfully,

(b)(6)

MPA



Advisory Committee Management Office (ooAC)

Program Specialist

Department of Veterans Affairs

Office: (202) 266- (b)(6)

Blackberry: (202) 731- (b)(6)

<http://www.va.gov/ADVISORY/>

From: (b)(6) (FAV)
Sent: Monday, July 30, 2018 9:36 AM
To: (b)(6) @va.gov
Cc: (b)(6) @va.gov; (b)(6)
(b)(6) @va.gov
Subject: RE: Response to Transcripts from COVER Commission July meeting

The Chair has not reviewed or signed these yet so I will pull them off the FACA database until that happens.

Sorry for jumping the gun on this one.

(b)(6)

From: (b)(6) (AV)
Sent: Monday, July 30, 2018 8:14 AM
To: (b)(6) @va.gov
Cc: (b)(6) @va.gov; (b)(6)
(b)(6) @va.gov
Subject: RE: Response to Transcripts from COVER Commission July meeting

Here are the documents for the open sessions. Calling you now.

From: (b)(6)
Sent: Monday, July 30, 2018 8:08 AM
To: (b)(6) (FAV) (b)(6) @va.gov; (b)(6)

(b)(6)@va.gov>
Cc: (b)(6)1@va.gov> (b)(6)
(b)(6)va.gov>
Subject: Response to Transcripts from COVER Commission July meeting

I'm available until 3PM today, even now. However, the choice is yours.

In the essence of time, I do manage ACMO's website content, so I still need the .pdf transcripts to add it to ACMO's website.

Thanks.

Very Respectfully,

(b)(6)

MPA



Advisory Committee Management Office (ooAC)

Program Specialist

Department of Veterans Affairs

Office: (202) 266-(b)(6)

Blackberry: (202) 731-(b)(6)

<http://www.va.gov/ADVISORY/>

From: (b)(6) (FAV)

Sent: Monday, July 30, 2018 9:02 AM

To: M (b)(6) <[redacted]@va.gov>
Cc: H (b)(6) <[redacted]@va.gov>; (b)(6) <[redacted]@va.gov>
<(b)(6)@va.gov> (b)(6) <[redacted]@va.gov>
Subject: RE: Transcripts from COVER Commission July meeting

Thank you!

(b)(6) If you have some available time today that would be greatly appreciated. It is not critical that the information is posted today so I can wait if your day is jammed.

(b)(6)

From: (b)(6) <[redacted]>
Sent: Monday, July 30, 2018 7:58 AM
To: (b)(6) (FAV) <[redacted]@va.gov>
Cc: (b)(6) <[redacted]@va.gov> (b)(6) <[redacted]@va.gov>
(b)(6) <[redacted]@va.gov> (b)(6) <[redacted]@va.gov>
Subject: RE: Transcripts from COVER Commission July meeting

H (b)(6) <[redacted]>

(b)(6) can provide you instructions today or you can wait until (b)(6) is in the office tomorrow.

Thank you for reaching out.

Respectfully,

(b)(6) <[redacted]>

Director, ACMO

Department of Veterans Affairs

202-266-[b](6)

From: D [b](6) (FAV)
Sent: Monday, July 30, 2018 8:55 AM
To: [b](6) <[b](6)@va.gov>
Cc: [b](6) <[b](6)@va.gov>
Subject: FW: Transcripts from COVER Commission July meeting

As [b](6) is OOO today, I am forwarding this inquiry to your attention.

Thanks, [b](6)

From: [b](6) (FAV)
Sent: Sunday, July 29, 2018 10:58 AM
To: [b](6) <[b](6)@va.gov>
Cc: [b](6) <[b](6)@va.gov>
Subject: Transcripts from COVER Commission July meeting

Good morning ☺

We now have verbatim transcripts of the COVER Commission meeting for both the open and closed sessions. I have converted them to PDF.

Where and how do we publish the open session transcripts? I was going to upload them to COVER's page in the FACA database, but I was unsuccessful figuring out where specifically they should go and how to do that.

Your guidance will be greatly appreciated.

Thank you, (b)(6)

(b)(6)

M.A.

COVER Core Team Project Manager

Veterans Health Administration

Office of Strategic Integration|Veterans Engineering Resource Center (VHA 10A5)

The logo consists of the letters "OSI" in blue with a red circular icon to its left, followed by a vertical line and the letters "VERC" in blue.

Cell: (479) 387 (b)(6)

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

+ + + + +

CREATING OPTIONS FOR VETERANS=
EXPEDITED RECOVERY (COVER) COMMISSION

+ + + + +

CLOSED SESSION

+ + + + +

TUESDAY
JULY 24, 2018

+ + + + +

The Commission met in the Pan American Room of the Capital Hilton, 1001 16th Street, Washington, D.C., at 8:00 a.m., Jake Leinenkugel, Chair, presiding.

PRESENT

JAKE LEINENKUGEL, Chairman, Senior White House
Advisor, Veterans Administration

THOMAS E. BEEMAN, Ph.D., Rear Admiral, U.S.
Navy

(Ret), Co-Chair, Executive in Residence,
The University of Pennsylvania Health
System

COLONEL MATTHEW F. AMIDON, USMCR, Director,
Military Service Initiative, George W.
Bush Institute

WAYNE JONAS, M.D., Executive Director, Samueli
Integrative Health Programs

JAMIL S. KHAN, U.S. Marine Corps (Ret)

SHIRA MAGUEN, Ph.D., Mental Health Director of
the OEF/OIF Integrated Care Clinic, San
Francisco VA Medical Center

JOHN M. ROSE, Captain, U.S. Navy (Ret), Board
Member, National Alliance on Mental
Illness

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ALSO PRESENT

SHEILA HICKMAN, Designated Federal Official
 SHANNON BEATTIE, MPH, Senior Project Analyst,
 Sigma Health Consulting, LLC
 CAROL BORDEN, Staff Attorney/Deputy Ethics
 Official, Office of General Counsel,
 Veterans Administration
 LUIS CARRILLO, VHA Administrative Support
 FERNANDA CARRION, Junior Project Analyst, Sigma
 Health Consulting, LLC
 YESSSENIA CASTILLO, Senior Consultant, Sigma
 Health Consulting, LLC
 CAROLYN CLANCY, M.D., MACP, Deputy Under
 Secretary for Discovery and Advancement,
 Veterans Health Administration
 KRISTIANN DICKSON, VA Support Team Project
 Manager, Alternate DFO
 BETH ENGILES, Senior Manager, Sigma Health
 Consulting, LLC
 LAURA McMAHON, Contracting Officer
 Representative, Alternate DFO
 LAURENCE MEYER, M.D., Ph.D., Chief Officer,
 Specialty Care Services, Veterans Health
 Administration
 JEFF MORAGNE, Director, Advisory Committee
 Management Office, Veterans Administration
 FRANCES MURPHY, M.D., MPH, President and CEO,
 Sigma Health Consulting, LLC
 STACEY POLLACK, Ph.D., Alternate DFO
 RICHARD STONE, M.D., Executive in Charge,
 Veterans Health Administration
 DREW TROJANOWSKI, Special Assistant to the
 President for Domestic Policy
 ALISON WHITEHEAD, Alternate DFO

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1 P-R-O-C-E-E-D-I-N-G-S

2 8:02 a.m.

3 MS. HICKMAN: Good morning, and
4 welcome to the first meeting of the COVER
5 Committee. We=re actually excited that everyone
6 is finally here and all the work that we=ve gone
7 in to try to get this thing together very, very
8 quickly from the time that Jake was appointed
9 and confirmed and Tom Beeman, you at the same
10 time. It=s just been exciting and a roller
11 coaster that is resulting in that. So we=re
12 really excited about today.

13 Before we do anything, as you know,
14 the Designated Federal Officer has to let you
15 know that there are certain things that we can
16 and can=t do. So bear with me as I read that to
17 you.

18 Good morning, I=m Sheila Hickman, I
19 am serving as Designated Federal Officer of
20 this meeting today. This is day one of the
21 first meeting of Creating Options for Veterans'
22 Expedited Recovery Commission or COVER. The

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1 COVER Commission was established as required by
2 law, Section 931 of the Comprehensive Addiction
3 and Recovery Act of 2016, the CARA, Public Law
4 114-198, and I think all of you received a copy
5 of that in your internal binders, as operated
6 under the Federal Advisory Committee Act, FACA,
7 as amended by 5 U.S.C. Appendix 2.

8 Public notice of this meeting was
9 given in the Federal Register on July 15, 2018.
10 We'll have a sign-in sheet that you will be
11 required to sign morning and afternoon on both
12 days so that we can keep track of that.

13 And this meeting will be chaired by
14 Mr. Thomas or Jake, as we call him,
15 Leinenkugel. Minutes of this meeting are being
16 taken, we have a transcriber over here, and
17 anything said during the meeting or submitted
18 in writing before, during or immediately after
19 the meeting will be available to the public.
20 This meeting is on the record.

21 In closing, to summarize, a public
22 notice for this meeting was published in the

1 Federal Register, a DFO is present, a quorum of
2 the COVER is present and in person, an approved
3 agenda for the meeting has been established,
4 and the meeting will adhere to the agenda.
5 Anything said during the meeting is on the
6 record.

7 The restrooms, in case you need
8 them, are out this door, second right and then
9 they=ll be down at the end of the hall. If for
10 any reason there is an evacuation in this
11 building they will let us know, we=ll just
12 escort ourselves downstairs and out the front
13 door. Before the meeting begins, does anyone
14 have any questions about what I=ve just said?
15 Great.

16 These preliminary statements now
17 concluded, I now invite the COVER chair, Jake
18 Leinenkugel, to call the meeting to order.

19 CHAIR LEINENKUGEL: Thank you,
20 Sheila. The first meeting of the COVER
21 Commission is called to order. So at this time
22 I want to say, Sheila, thank you. Her and the

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1 staff, I think most of you have gotten to know.
2 We will get to know each other today and
3 tomorrow for the first time. Shira, it=s good to
4 finally see you as well.

5 We=ll have dinner tonight, and also I
6 want all of you to know that this is a very
7 important commission. I think you already know
8 that. This is exciting for me because I=ve had
9 the opportunity to spend 18 months within the
10 VA, and being a veteran I never really used the
11 VA prior to this 18 months.

12 And you=ll hear some anecdotal
13 stories around that as we can all share at some
14 point in time, but I will delay those for the
15 time being and get to the points of the
16 meeting.

17 The COVER Commission, as you=ve all
18 read, is a segment of the CARA Act of 2016 that
19 was signed by President Obama and then a year
20 ago, our Secretary at the time, David Shulkin,
21 signed off on the creation of the COVER
22 Commission. So you see that as normal with

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1 anything within government, as I found out,
2 especially the federal side, takes about two
3 years to implement. So we're right at the two-
4 year point.

5 I really wanted to wait another 60
6 days to get everybody fully in place, because
7 we are missing two commissioners at this point.
8 One, unfortunately, had to deploy, so, needs to
9 be replaced by the House minority. And also,
10 the Senate majority has named a person, we'll be
11 meeting him, I think, Sheila, shortly. And also
12 I think the Senate majority has a position left
13 to fill as well.

14 That being said, we have a quorum
15 and we will proceed 60 days prior to what other
16 people probably would have waited, but I don't
17 think we can wait anymore. We need to really
18 take action on something that has been signed
19 off on two years ago and formally dictated that
20 the VA would run and manage this commission,
21 and fund it, and I think you all know the
22 principles that we will be looking at.

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1 At the end of today and a little
2 more so Day 2, we will spend half if not the
3 full afternoon discussing how we're going to act
4 together, how we're going to work together, our
5 policies going forward as far as, you know, how
6 we're going to treat everyone and we'll talk
7 about that today.

8 But this commission is non-
9 political. That's the first thing I want on the
10 record. This is about veterans' mental health
11 care and are they receiving the proper care,
12 how many are receiving it, I don't have that
13 answer. We're going to have experts from the VA
14 actually give us that number. What types of
15 mental health care are at issue today, besides
16 PTSD which we've all heard about, hear about,
17 TBI, but what about schizophrenia and a host of
18 other afflictions that they may or may not
19 have.

20 We also have an addiction problem,
21 substance abuse problem, some of those are
22 related as well to mental health, and we'll be

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1 hearing from VA experts about that and certain
2 programs, or the various programs that I know
3 that are in place, but how are they all
4 connecting.

5 And then there=s the outlying piece
6 that I=m also working on, and you should have
7 transparency to this, with the White House as
8 far as suicides and prevention of veteran
9 suicides and then overall, let=s just face it,
10 our general population has increasing amounts
11 of suicide as well.

12 So when I look at mental health, and
13 if we keep the ecosystem, if you want to use
14 that term, to veterans. The veterans= ecosystem
15 for mental health is really what we=re
16 concentrating on here. And we=re going to learn,
17 grow, act and come up with the right
18 recommendations, I=m absolutely convinced of
19 that looking at your backgrounds.

20 We=ll talk about capabilities and
21 support. There are as many support people in
22 this room right now as there are commissioners.

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1 In fact, three additional support people than
2 commissioners. That=s a good thing. It=s going
3 to take a lot of the what I call backroom load
4 off of all of us to go and do what we=re
5 supposed to do, ask the right questions, probe,
6 seek new solutions or areas that are out there
7 that veterans may have for mental health.

8 So I did not want to spend any more
9 time at this point really talking about the
10 importance, because everybody in this room is
11 smart. I think everybody took this
12 responsibility and said I would love to be part
13 of it willingly, and also I think with a lot of
14 what I would call energy behind what you=re
15 going to bring.

16 So a couple of ground rules, just to
17 start, for how Jake Leinenkugel operates. I=m a
18 beer guy, okay, so I like beer, but I don=t
19 drink beer during meetings. I also have a
20 tendency to put my phones away during meetings.
21 I turn them off, I put them away and during a
22 break I=ll see if anybody besides my wife or my

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1 children called me. I would hope that we would
2 all do that and respect that, because to me our
3 time is very limited. It really is.

4 I mean, an 18-month commission, as
5 Sheila will tell you, when I first looked at
6 this I said, I want to do it in 12 months. We
7 should be able to do it in 12 months. I don=t
8 know if that=s possible or not. I think that=s a
9 very compressed time for how many times we=re
10 able to meet and how many places we=re going to
11 have to go and then potential subcommittees and
12 things like that.

13 So I backed off of that and I said,
14 18 months is going to go by real fast, because
15 I just spent 18 months at the VA and believe it
16 or not, it went by real fast. That being said,
17 we need to be very attentive in our time
18 together. We need to probe each other, get to
19 know each other, and then some of us will be
20 working together, I truly hope that is going to
21 be the case, with some off-site work. We=ll talk
22 about that again more so on Day 2 about how

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1 we're going to operate, which centers are we
2 going to go to eventually, to take a deeper
3 dive and a deeper look.

4 And then let's face it, besides the
5 limited amount of meetings, we may need more
6 meetings. We may need to talk more via
7 teleconference. So again, putting a lot of that
8 off to Day 2 so you at least know what's coming
9 for the established game plan within the
10 Commission.

11 Now besides beer, I love people. I
12 love to interact with people. I love
13 interacting with veterans. My best days were
14 the numbered and few days that I got to VA
15 Medical Centers and to see bodies. And I'll tell
16 you, that is going to be very important. I know
17 there's a couple of VA MC members that are on
18 the Commission, and thank you for doing that,
19 but more importantly for us to get into those
20 centers. It's going to make a difference on all
21 of us personally to be able to sit down with a
22 veteran and their family waiting for their care

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1 or after they receive care.

2 As you know, veterans, military, are
3 very direct, open and honest and you will hear
4 the raw comments from them. What I have found
5 out is, when you're within the 15-mile radius of
6 the Beltline, you hear everything bad about the
7 VA. When you're outside the 15-mile radius, as I
8 call it, you see and touch the good.

9 And I learned in a short amount of
10 time after I finally got out to my first
11 center, and I think it took four months, that
12 there's a whole new world out there. That
13 veterans are getting great care out of many of
14 our centers. The doctors, the clinicians, the
15 nurses, the staff supporting them, in most all
16 cases I think is exceptional. We hear about the
17 bad and it's unfortunate, but that's the way,
18 since 2014 and what happened in Phoenix and
19 some other centers a year later, it set us up
20 for that type of media barrage.

21 So again my point to all this is
22 that we need to get out there, we need to

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1 interact with the Medical Center directors, the
2 VISN directors, and get their point of view.
3 Because we're going to be asking them, as we
4 will people that come in front of us, for a lot
5 of information. We're going to have to trust
6 that information and to be honest with you, I
7 don't know right now if I could tell you all
8 that I trust that information.

9 That is something I think that we're
10 all going to have to discuss and get a comfort
11 level with as to make sure that what we're
12 seeing from the VA as far as their documented
13 information is something that we all believe.

14 We also with the support staff have
15 the opportunity to go and do our own checking.
16 We also have a budget that allows us to do
17 that, and so again, I'm encapsulating my
18 learnings, giving you a little bit about my
19 point of view, but I know from the team that is
20 within the VA that I've gotten to know and some
21 I'm going to introduce today, I have a high
22 trust level.

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1 And I think with the news from last
2 night with the incoming Secretary Robert
3 Wilkie, that door=s going to be wide open for us
4 to explore anything and everything that we need
5 to that fits under the scope of the COVER
6 Commission.

7 So, I hope that was long-winded
8 enough yet brief enough, so at this point,
9 Sheila B-

10 MS. HICKMAN: Sir, you are about
11 ready to introduce Dr. Clancy and Dr. Stone,
12 we=ve got them here.

13 CHAIR LEINENKUGEL: Yes. We have two
14 great folks today that are with us, and one I
15 got to know for a month. And the other one I=ve
16 known for the last 18 months. These are the
17 people that I talk about that I fully know I
18 can trust within the VA. They have long
19 biographies, and I=m going to let them tell a
20 little bit about themselves as well, because if
21 I read Dr. Richard Stone=s biography we=re going
22 to be here and it=s going to have to all go on

1 record, so I'll just hand a copy of that.

2 But I want to talk to you about Rich
3 Stone, because I met him the first 30 days when
4 I came in as a young novice senior White House
5 advisor to the VA. Dr. Richard Stone serves as
6 the Executive in Charge of the Veterans Health
7 Administration with the authority to perform
8 the functions and duties of the Under Secretary
9 of Health.

10 As the Executive in Charge, Dr.
11 Stone directs a health care system with an
12 annual budget of approximately, let's just call
13 it 70 billion dollars, rather than the 68, is
14 that fair, Rich? 68 billion dollars, overseeing
15 the delivery of care to more than nine million
16 enrolled veterans.

17 The Veterans Health Administration
18 is the largest integrated health care system in
19 the United States, providing care at 1,245
20 health care facilities including 170 VA Medical
21 Centers and 1,065 outpatient clinics, or CBOCs,
22 as they're called.

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1 VHA as you all know is the nation=s
2 largest provider of graduate medical education
3 and a major contributor to medical and
4 scientific research. More than 73,000 active
5 volunteers, it has 127,000 professional
6 trainees and more than 306,000 full time health
7 care professionals and support staff, which are
8 an integral part of this VHA community.

9 Dr. Stone took some time away after
10 I saw him the first 30 days. I don=t know if it
11 was me that scared him off or some of the new
12 incoming folks but he went to serve as vice
13 president at Booz Allen Hamilton and was
14 assigned to the military health within Booz
15 Allen=s health portfolio.

16 He also served as the principal
17 previous to that, the Principal Deputy Under
18 Secretary for Health in the VHA from February
19 2016 to March 2017. His focus on VHA
20 organizational transformation and ensuring
21 veteran access to health care and restoring
22 trust in the veterans= VHA, or Veteran Health

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1 Administration, has been broadly recognized by
2 a lot of us. So with that, Dr. Richard Stone.
3 Thank you very much.

4 DR. STONE: Thanks very much. You
5 know, every once in a while I listen to that
6 and I start to feel like I=m listening to my
7 obituary.

8 (Laughter.)

9 DR. STONE: Listen, thanks very much
10 for your willingness to take time away from
11 your busy lives to work on this. We in the VA
12 have a unique opportunity unlike anything else
13 in American health care, it=s what draws me to
14 the system, and that is our lifetime commitment
15 to veterans. From before a service member=s
16 transition from uniformed service until and
17 after death, we are responsible for them.

18 You may have heard in the media some
19 concern about our chronic living centers, and
20 whether our chronic living centers meet the
21 same level of quality as Medicare extended care
22 facilities. What is unique about our chronic

1 living centers is the extraordinary amount of
2 major psychoses which we take, which are
3 refused in the commercial marketplace. The
4 chronic pain that our veterans express, and how
5 we handle them.

6 And that lifetime commitment to
7 those veterans creates very unique challenges.
8 And what is extraordinary about this commission
9 is you're going to have a chance to look at how
10 we're doing at that, but also what are the
11 alternatives should we choose to go down a
12 different route than traditional Western
13 medicine has gone down.

14 In 2003 I was in Afghanistan and I
15 had a Korean unit there with me that brought an
16 Eastern healer with them, and an expert in
17 herbalism as well as acupressure and
18 acupuncture. Most of the special operations
19 force saw that provider, because that provider
20 offered alternatives that were much different
21 than what my clinicians and I had to offer,
22 which was a pharmaceutical approach to most of

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1 their complaints. A chance to examine that, to
2 look at the evidence about that will work
3 perfectly in timing, and let me tell you what I
4 mean by that.

5 You also have heard about the
6 Mission Act, which will drive the future of the
7 VA. In about 18 months to two years a
8 commission will meet that will look at our
9 delivery system and look at the footprint that
10 we have. As you complete your work in the next
11 18 months, you will finish your report at
12 exactly the time we will be looking at our
13 delivery system, and it is so important for
14 your work to really allow us and be the
15 bedrock upon which we place an evidence-based
16 approach to our future.

17 Let me talk for just a minute about
18 Carolyn, sitting to my right. Carolyn has
19 adeptly led this department the last ten months
20 as Executive in Charge and has graciously
21 accepted the role as our Dean that will lead us
22 in our research as well as comprehensively in

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1 our relationship to our academic partners.

2 When Omar Bradley after World War II
3 built our system and recognized the need for
4 the relationships to academic affiliates, we
5 now have 1,700 academic affiliates. As part of
6 our future, in the next two years as we look at
7 our delivery system, a consummate professional
8 in the work of those academic partners and in
9 research has to be at my side and leadership=s
10 side. Carolyn has graciously accepted the
11 offer of that position and will lead us through
12 a fundamental reexamination of those
13 relationships during this two year process.

14 So with that introduction and our
15 sincere thanks, I looked at Dr. Shulkin=s
16 authorization and concurrence in formation of
17 this Commission. I agree completely with your
18 charge and want to pledge to you my full
19 support to you and your chairman in
20 accomplishing your mission effectively. And so
21 I=m here and happy to answer any questions over
22 this next 18 months that lie ahead.

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1 CHAIR LEINENKUGEL: Thank you.

2 DR. STONE: And thank you Jake for
3 that gracious introduction.

4 CHAIR LEINENKUGEL: Thank you Dr.
5 Stone, and it=s good to have you back.

6 DR. STONE: Thank you very much.

7 CHAIR LEINENKUGEL: And you heard Dr.
8 Stone, or Rich, talk about Carolyn Clancy.
9 Carolyn is a person that I=ve gotten to know for
10 18 months now, and there=s nobody with better
11 institutional knowledge, but also the people
12 around the country that know and respect
13 Carolyn Clancy. And that says a lot about you
14 as a person, Carolyn.

15 I also watched her lead the change
16 in a VA that I thought should have been closed
17 and bulldozed back in 2015. I was that mad and
18 upset about the one that was 78 miles south of
19 my home town in Tomah, Wisconsin, and what took
20 place there. And then to watch the change after
21 Carolyn Clancy went in and said I want to bring
22 in Victoria Brahm, who=s a nurse out of, I

1 believe, Milwaukee at the time, Carolyn.

2 You believed in what Victoria could
3 bring to Tomah, and I've seen a complete, what I
4 call the 180 degree change and I think you
5 would agree with that, where that center is
6 getting better on a weekly basis. The staff
7 that she has hired and brought in has proven to
8 many of us that if you bring in the right
9 people and have the right leadership, the VA
10 can make some rapid changes within facilities
11 that may need it.

12 And so I was very happy to see that
13 under Carolyn's guidance and leadership. But
14 again, I've been in numerous meetings with
15 Carolyn. She's got, again like Richard, a great
16 bio. She deserves for me to read some of her
17 highlights as well. Dr. Clancy served as the
18 Deputy Under Secretary for Health for Discovery
19 and Advancement. That is going to be the new
20 Dean role, and I like that much better than
21 Deputy Under Secretary for Health for Discovery
22 and Advancement. The Dean is absolutely

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1 appropriate for you, Carolyn, and thank you so
2 much for, as Dr. Stone said, taking that on.

3 Previous to that, Dr. Clancy served
4 as the Executive in Charge of VHA with the
5 authority to perform the functions and duties of
6 the Under Secretary for Health from October 2017
7 up until this month. She also previously served
8 as the Interim Under Secretary for Health from
9 2014 to 2015. She is a highly experienced and
10 nationally recognized physician executive as I
11 have so stated, and as well as what Dr. Stone
12 has stated.

13 Her credentials are just phenomenal and she=s a
14 delightful person, and she=s one that will open
15 the doors for us as well.

16 So Carolyn, first of all, thank you
17 for all the times that you came in. You=ve
18 always been sort of the go-to person to clean
19 things up or to go into difficult spots, which
20 is true, during difficult times. And you=ve
21 served exquisitely during those, what I call
22 dark days. On top of that now, you are probably

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1 getting the best position and one that is very
2 needed within the VA, and I call you Dean Clancy
3 going forward. But, Carolyn Clancy.

4 DR. CLANCY: Well, thank you so much
5 for that. I should note that this is a brand new
6 position and it=s really the product of a
7 modernization transformation effort that was
8 initially inaugurated and kicked off by Dr.
9 Stone, before we lost him to Booz Allen very
10 early in the administration.

11 I think for the work that this
12 commission it=s going to be particularly
13 important. If we are able to fund research and
14 phenomenal science to help veterans and we don=t
15 have people to actually provide that care, we
16 have a problem. So I think what we=re trying to
17 do is to create a space where we are far more
18 strategic about our relationships with academic
19 medical centers, thinking both about the
20 workforce and how we have an impact on U.S.
21 health care broadly. Every year, as Shira I=m
22 sure you know, a third of U.S. docs training in

1 residencies are supported by VA.

2 It=s said, and I don=t know where
3 this number comes from, that 70 percent of
4 practicing docs in this country got some
5 training at a VA. I=ve never actually seen the
6 math behind that, but I did major in math so I=m
7 a little picky. But I will tell you I=ve tested
8 it at physician conferences and by that
9 estimate, 70 is low. I mean, all hands go up all
10 the time. And I just don=t think that we have
11 taken the full advantage of that.

12 And science, as I=m sure you=ll hear
13 more from your commissioner colleague who comes
14 from one of our best VAs and one that I=m very
15 proud to say has reached out in very different
16 ways to reach veterans who are struggling, often
17 at some risk.

18 We have a lot of great research and
19 phenomenal people. I=m also very happy, Sheila,
20 that you have the National Academy coming here,
21 because to build on what Jake said earlier, they
22 actually did go out and visit a whole lot of

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1 people. Now I'm not sure whether the people
2 coming today will be the people who visited, I
3 think they had a contractor, but it would also
4 be a good source of learning how to set up
5 information about what worked well and what
6 didn't, so you don't need to repeat any of their
7 mistakes. I know this because several years ago
8 I had to write a letter to our facilities
9 saying, you know, if they call you be nice, and
10 all that.

11 But I think, you know, the last
12 comment I wanted to make was just building on
13 Rich's comment about the -- his colleagues in
14 Afghanistan. When I was in out in Tomah about a
15 year and a half ago for a conference on mental
16 health, technically in La Crosse, some Native
17 Americans approached me and wanted to know what
18 I thought about a particular ritual they had for
19 helping transitioning veterans, particularly
20 those dealing with post-traumatic stress
21 disorder.

22 And I'd never heard of this, but it

1 involves chanting and very particular rituals
2 and a campfire and an all-night kind of
3 experience where you kind of let go of the
4 traumas and so forth. And I was completely
5 fascinated by this and so they anxiously leaned
6 forward and said, what do you think? And I said
7 I think it sounds amazing. I mean, how do we
8 bring more of that in?

9 And you know, they were very nervous,
10 raising this. So I think there=s a huge amount
11 that we can learn to figure out what else can be
12 added to our ecosystem and I know you=re going
13 to be hearing from great people, so I will just
14 echo Rich=s thanks for committing the time. When
15 we get a great commission, all I can tell you is
16 we tend to put them to work, so.

17 CHAIR LEINENKUGEL: Thank you,
18 Carolyn. And so happy, as Dr. Strong alluded to,
19 that you=re staying on board and becoming the
20 Dean. It is something that is very, very
21 instrumental going forward for VA.

22 Last person before we get our

1 pictures taken, all right. I=ve gotten to know
2 Dr. Meyer as well over the last 18 months, and
3 totally respect all of the people that are here
4 today, and Dr. Laurence Meyer is certainly one.
5 So Larry, thank you so much for being here.

6 Dr. Meyer is going to be very
7 involved, I believe, with this commission. He=s
8 got a great background, he=s the Chief Officer
9 of Specialty Care Services and the National
10 Director of Genomic Medicine for the VHA. He=s
11 professor of dermatology and internal medicine
12 at the University of Utah Health Sciences
13 Center.

14 He received his PhD in molecular
15 genetics from the University of California
16 Davis. He studied medicine at the University of
17 Miami, Florida and has an active board
18 certification in internal medicine, dermatology,
19 and clinical genetics. Wow. From the skin to the
20 genes, right?

21 Dr. Meyer has a responsibility for
22 the pain service, critical for the pain service

1 in the VA, and he is also the overall oversight
2 of VA policy on the opioids. So he has been very
3 involved, well over a year now if I remember, on
4 the opioid commission and been a go-to person
5 and some great work.

6 He leads the clinical genomic
7 medicine service, which is centralized in
8 Clinical Telehealth Services, which also
9 delivers genetic service to veterans in over 80
10 VAs across the country. So Dr. Meyer, thank you
11 so much for being here, and if you will give a
12 little background on yourself and what we can
13 expect from you from your service side.

14 DR. MEYER: Sure, so thank you, and
15 I=d add my thanks to all of you because this is,
16 I know, a huge effort and personal commitment
17 and takes time, and I think the VA can really
18 benefit from more perspectives and triangulation
19 and things that when you=re inside a system,
20 sometimes you don=t know.

21 So as Jake mentioned, I=m sort of the
22 opioids tsar for the VA and in addition I=ve

1 been given the duties of tracking all of the
2 CARA implementation, and I'm happy to see this
3 COVER Commission as sort of the last plug.

4 I echo everything that Dr. Stone and
5 Dr. Clancy said, but I'd emphasize that the VA
6 is really an atmosphere of teamwork and I can't
7 do it alone. From Specialty Care I've got 24
8 services under my little piece, but that doesn't
9 include mental health and I know that you'll be
10 meeting Dr. Carroll, if not today by next week,
11 and Dr. Tracy Gaudet.

12 And I first met Tracy about eight
13 years ago, she leads the integrated health
14 efforts. So those two people leading mental
15 health and the whole domain of complementary and
16 integrative medicine is really, I think, one of
17 the focuses of this.

18 I would add that in building these
19 teams, we really do need to work on a national
20 policy together, but it's really integrated on
21 the field. So I've been a VA physician for 36
22 years at the Salt Lake VA, and I started in

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1 about 1971 at the San Diego VA doing research.
2 So I=ve been in the VA a really long time, and
3 I=ve had the ability to see these changes and
4 you know, they do take time.

5 But we=ve had an Indian sweat lodge
6 on the grounds of the Salt Lake VA for at least
7 15 years, so we=ve had Native American
8 ceremonies there, it=s sort of trans-tribal, and
9 I think bringing these together and really
10 getting the impetus behind them is really good.
11 We=re just getting the ability to track our use
12 of all of these modalities.

13 And I=ll finally just say the issue
14 of pain and mental health and substance use
15 disorder in the VA is big. Veterans have about
16 twice the incidence of pain and that pain is
17 more severe than the general U.S. population.
18 And for over half of those people, a large
19 percentage, it overlaps with conditions such as
20 mental health conditions, TBI, and chronic
21 medical conditions. And it spans, it=s not just
22 the people that have been recently deployed,

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1 we=re still seeing World War II veterans that
2 have new diagnoses of PTSD.

3 And so we really do need to pull out
4 all the stops and address how we can use every
5 tool in the box, every arrow in the quiver, get
6 new ones. So I=ll be as helpful as I can be, and
7 thank you all very much.

8 CHAIR LEINENKUGEL: Dr. Meyer, thank
9 you. I also want to thank Dr. Stone and Carolyn.
10 And I think at this point in time we=re supposed
11 to break because we have the official
12 photographer here. And we might have to do two
13 of these once we get the rest of the band put
14 together, but let=s do the official ceremony and
15 take a quick break.

16 We=ll come back in and then the
17 follow-up is to introduce each one of you and to
18 hear from you personally about your background.
19 I always say you can do it in two to three
20 minutes but for some of you be five minutes,
21 with looking at who you are and where you come
22 from.

1 I think it=s important that each
2 commissioner take the time and tell everybody
3 what, who you are and what your background is
4 and really why you feel this commission is
5 important and why you accepted this role.

6 So let=s do that after you meet Gene,
7 the world=s best photographer who has the
8 world=s best picture from, how many years ago
9 during the fall, when you were standing on top
10 of the VA, took it back at the Old Executive
11 Office Building, Lafayette Square and the White
12 House, with all the colors it? If you saw it you
13 would wish you had this picture. So, Gene, how
14 many years ago was that?

15 PHOTOGRAPHER: It was only two, sir.

16 CHAIR LEINENKUGEL: That=s it?

17 (Laughter.)

18 (Simultaneous speaking.)

19 CHAIR LEINENKUGEL: What he=s saying
20 is I missed the most gorgeous fall colors ever
21 in D.C. at that time. So, next time we=ll bring
22 that picture along with us.

1 (Whereupon the above-entitled matter
2 went off the record at 8:38 a.m. and resumed at
3 8:48 a.m.)

4 CHAIR LEINENKUGEL: I would like to
5 formally announce that we are 12 minutes ahead
6 of schedule. So I always look at that as a good
7 thing. And this to me, as I just said before we
8 had the photo session, is a very important part
9 of the meeting, this is a get to know each
10 other, and two minutes is not long enough. You
11 take the time that you need to fully express who
12 you are, what you're about, your interests, your
13 background, your upbringing, whatever you want
14 to talk about.

15 And we'll do more of this over
16 dinners and one on ones, but I want the group
17 and I want it to be on record from each one of
18 you as to why you became part of this very
19 important COVER Commission.

20 So I'm going to start out, and what
21 I'm going to do is introduce you in the order
22 that Sheila put you in, and then I'm going to

1 give a brief overview on first of all who you
2 are, but then I want you to go on and expand on
3 it.

4 So I'm going to start with my friend,
5 Dr. Thomas Beeman, and I also want to on record
6 announce at this time that Dr. Beeman spoke with
7 me for 15 seconds this morning when I said, Tom,
8 I would like you to be my co-chair in case I
9 cannot make a meeting, which I don't plan on
10 missing a one but if I get sick or if I get
11 fired, Dr. Tom Beeman would be the chair at that
12 time. And he graciously accepted, so with that,
13 Tom, the floor is yours.

14 DR. BEEMAN: Thanks, Jake. First and
15 foremost, I just want to say what a privilege it
16 is to be here with all of you and learn about
17 your backgrounds. I know some of you, Dr. Stone,
18 I had the opportunity to work with in the past.
19 And I discovered with Jack that, in addition to
20 the fact that we both served in the Navy for a
21 long, long time, we both met our spouses in high
22 school. And I've been married for 44 years to my

1 wife and he=s just a little bit longer, but I=ll
2 let him tell you that.

3 So, Carolyn was asking me how I got
4 the title Executive in Residence, and I said
5 when you=re in academic medicine and you=ve
6 served a long time, they never let you go so you
7 get to do what you want to do and you get to
8 pick your title, so that=s what I decided to do.

9 I served in the Navy for 33 years,
10 both active and reserve. I retired from the Navy
11 two years ago as Assistant Deputy Surgeon
12 General for Reserve Affairs, but my first active
13 command as a flag officer was at the National
14 Intrepid Center of Excellence. We took con of
15 it, or the stick, for the Air Force guys in
16 here, just as it was opening, and they asked me
17 to come on active duty and get it launched.

18 The thing that struck me, and this is
19 really the reason I said yes to this commission,
20 is we were treating what we call the existential
21 or moral wounds of war and used both traditional
22 and complementary therapies there. I=m very,

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1 very proud of the work that was done there and
2 the research that happened there, so that was a
3 great privilege.

4 Most of my career in health care,
5 however, has been on the leadership side. I was
6 the president and CEO of several health systems
7 for about the last 27 years of my 44 year
8 career. My health system, which was a multi-
9 billion dollar system, merged into Penn just
10 about three years ago, and I was asked to come
11 there as the COO.

12 I spent three years as the COO and
13 when I turned 65 I decided I=d like to do
14 something else and so that=s what I=ve been
15 doing. As I mentioned to a couple of my
16 colleagues, my wife and I to celebrate sold our
17 home, we=re moving to the beach, I bought a boat
18 and we have a house on the water, so that=s how
19 I=ll contemplate some of the issues here.

20 I do like to write, I=m publishing a
21 third book on leadership. We=re working, we=re
22 doing a thing on creating physician leaders for

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1 the 21st century. We had the opportunity to
2 send, I sent 16 physicians and five non-
3 physicians in an executive MBA program together,
4 and it was transformational for my organization
5 because not only did they have MBAs, they had
6 MBAs together that they had worked and solved
7 problems and that was transformational for my
8 organization.

9 We were able then to take on risk and
10 understand risk and have doctors that could
11 actually work together and talk together and so
12 we thought that it worked well enough and it was
13 transformational enough that we wrote a book
14 about it so, and it=s almost ready for
15 publication.

16 Other than that, I don=t have a whole
17 lot else to say, other than it=s great to be
18 with all of you, your backgrounds are really
19 impressive. I am not, I am absolutely not an
20 expert but I=m good at consolidating
21 information.

22 I just was mentioning one last thing

1 with Carolyn. I had the privilege at Penn of
2 serving on a committee with the VA, Penn and the
3 VA have a very close relationship in
4 Philadelphia. A number of our faculty are
5 physicians at the VA, a lot of major research
6 that=s happening between the organizations and
7 that foresight that General Bradley had that
8 many years ago I think has paid off in spades.

9 The opportunity to have this much
10 research material but also more importantly to
11 provide people that we send off to war with the
12 best care possible I think is really phenomenal.
13 So I applaud your efforts, and I=m happy to be a
14 small part of it.

15 CHAIR LEINENKUGEL: Thank you so much.
16 Appreciate having you on board, Tom, and your
17 great background. With that I=ll transition to
18 Wayne Jonas. Wayne, welcome.

19 DR. JONAS: Thank you. It=s a great
20 privilege to be here, it=s an honor to be here
21 at a pivotal time, I think, in not only VA care
22 but in our national health care scene, and so

1 I'm hoping that what we do here will lead to
2 transformation not only in the VA but also
3 nationally. Because if we don't do that, we got
4 major problems ahead. We already have major
5 problems, we got worse problems ahead, so I see
6 this commission as sort of key in terms of
7 coming up with a conceptual language, perceptual
8 changes that are needed to get our nation sort
9 of back on track to take care of whole person
10 health, so I'm glad to do that.

11 So I'm a primary care doc, family
12 doc, have been for 35 plus years, I still see
13 patients at Fort Belvoir, Virginia every week in
14 an integrative chronic pain clinic. And they're
15 trying to figure it out, we're trying to figure
16 it out in those areas. And so when we have seen
17 some of the changes in the VA, we've tried to
18 learn from that, and we've also tried to bring
19 some of our lessons over to the VA, and back and
20 forth.

21 So I was in the military for 24
22 years, I think, officially, active duty, seeing

1 people in the trenches for the first ten years
2 and then I worked on some of the early health
3 promotion work that the Army Surgeon General
4 had, and trying to help the health care system
5 get into the personal care space because most of
6 health occurs outside of the office visit, and
7 yet it requires that the health care system
8 engage with that in some way that=s effective.

9 So the military=s tried to do that
10 over many, many centuries, I would say, over and
11 over again, and so this is a way that I think we
12 have actually a new opportunity to do that.

13 I then went into research, was at the
14 Walter Reed Army Institute of Research for a
15 number of years and then NIH, I ran the Office
16 of Military Medicine, got it to be a Center that
17 it is now, although it changed its name a couple
18 of times during that, and then at then Uniformed
19 Services University Military Medical School
20 where I was still on the faculty.

21 I then got out of the government
22 service and for 15 years ran a research

1 organization funded by a couple out in
2 California by the name of Henry and Susan
3 Samueli, and focused on doing research on non-
4 drug approaches, and healing approaches to
5 whole person care. Probably 70 percent of what
6 we did was with the VA and the DoD, cultivated a
7 lot of that.

8 And then in the last two years I've
9 worked directly for them to see if we can't
10 launch some of those things nationally, because
11 the VA and the DoD actually get it already,
12 they're already doing it and so we're very happy
13 to see that, but we can't do it unless we live
14 in a social and cultural context that allows us
15 to take care of the veteran appropriately. The
16 nation has to want to do that and has to
17 understand what that means, and it has to do it
18 with its own citizens or it's not going to B-
19 the cultural we live and we're embedded in is so
20 important.

21 And so I now work directly for that,
22 it's called Samueli Foundation, just launched a

1 major gift to the University of California
2 Irvine to create an entire college of
3 integrative health involving medical, nursing,
4 pharmacy, and public health school, so we're
5 working on that, medical education in those
6 areas.

7 And then, two other hats I wear for
8 them, one is to look at national transformation
9 of health care to whole-person health and
10 integrative health, and that's working with
11 mainstream organizations, the Association of
12 American Medical Colleges, the American Board of
13 Family Medicine, the cancer area, ASCO, those
14 groups that are megaphones that go out to the
15 mainstream.

16 And then try to create tools that are
17 easy for those physicians and health care
18 providers and teams to actually deliver whole-
19 person care, because they've got to do it now.

20 You know, we can create system
21 change, we need system change, we need policy
22 change, there's no question about it, but the

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1 rubber meets the road where the provider,
2 whatever they are, whoever they are, sits down
3 and interacts with the patients. And the dialog
4 that goes on in that place is the bread and
5 butter of what health care does. And so if that
6 dialog changes on a regular basis so that the
7 question is about how can I help you become
8 healthy, not how can I just treat you or cure
9 you of your disease, but how can I help you in
10 fact become, improve your health and well-being
11 and not simply get rid of your disease, we've
12 transformed health care to a chronic disease
13 system that we need.

14 So that=s one of my goals. I think
15 the VA is doing that, and if we can make that
16 widely available, help improve on that, shine a
17 light on that I think for our nation, I think
18 the nation has no idea about this. I work with
19 the Institute for Healthcare Improvement, that=s
20 a major health care innovation group. They have
21 no idea what is going on with VA. I was
22 surprised at that, actually, in those areas. So

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1 we need to shine a light on this to the nation
2 so that the nation can kind of understand the
3 quality of care that=s needed in those areas.

4 So it=s a great privilege to be here.
5 Thank you very much. I look forward to working
6 with you. And I do have a few questions, if we
7 have an opportunity, for our folks here before
8 they leave.

9 CHAIR LEINENKUGEL: Absolutely. Thank
10 you so much, Wayne. That being said, let=s go to
11 Jamil Khan. Jamil?

12 DR. KHAN: Sir, it=s a privilege and
13 an honor to be here, I=m humbled. I=m a first-
14 generation American. And I=m a full-blooded GI.
15 I come from the foxhole and in the VA, I think
16 I=m totally embedded in the VA health care. From
17 operational field, my B- I was given a chance,
18 my name was given, I=ve always volunteered in my
19 life for the hardship duty. This duty that I
20 take is a hard duty, it requires a lot of
21 dedication, and experience that I had.

22 In >94 I retired from the Marine

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1 Corps, I settled in Wisconsin, and I went to the
2 Madison VA Hospital for my B- with my medical
3 records in my hand. I walked in, in the lobby I
4 asked the person sitting there where can I go?
5 They directed me to go to the record office and
6 give it to a gentleman by the name of Mr. John.

7 So I'm walking in the hallway, you
8 know, lost, but there was a water fountain and a
9 gentleman was drinking water, so I stopped
10 there. I said, could you direct me to Mr. John
11 in the record office? He said, I am Mr. John. So
12 I trusted him, I gave him my record.

13 Now I go back and I'm sitting for my
14 physical exam. The doctor comes out, he takes me
15 in and he says, where's your record? I said,
16 well, I just gave them to Mr. John. Lo and
17 behold, they could not find my record. They
18 could not find Mr. John, and they could not find
19 my record. So that taught me one thing, that I
20 will not give up on that particular medical
21 center, and it should not happen to another
22 veteran. That was >94.

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1 Today, the entire staff of that
2 medical center, they are my family. And there=s
3 a tremendous improvement that=s been made. But
4 the thing that really gets to my gut is that
5 when a veteran walks into a medical center,
6 they are there for a need. He or she, whatever
7 their need is.

8 But when they leave that building,
9 and if they go out of that building feeling
10 worse than they went in, that=s where I come in
11 and my intention is to do everything in my power
12 to take, sorry to say the word, C-R-A-P, out of
13 this bureaucracy and make the best bang for our
14 dollar.

15 I see so much wasted, I see so much
16 mismanagement, and I have solutions for that but
17 I=m sure we=ll have time to talk about this.
18 Thank kindly, sir.

19 CHAIR LEINENKUGEL: Jamil, thank you
20 so much, and thanks so much for your story and
21 honesty and also for being part of this
22 commission. You add a lot of value. Let=s now go

1 to Jack Rose, right next to you.

2 MR. ROSE: Thank you Jake.

3 CHAIR LEINENKUGEL: I=m going to beat
4 you to the punch. Two Wisconsin guys sitting
5 next to each other.

6 MR. ROSE: Well, good morning, all,
7 and thank you so much for the opportunity to
8 serve on the COVER Commission.

9 Why am I here? I have a 46-year-old
10 daughter who spent her 16th birthday in a
11 medical hospital not too far from here. 1999 she
12 was diagnosed with MS, and today she is a
13 director of integral yoga at the Satchidananda
14 Ashram in Buckingham, Virginia.

15 She has just had two veterans
16 complete their program of one month to become
17 trained in integral yoga. It can be done. I have
18 a son, 42 years old, who had a breakdown when he
19 was 24. He was misdiagnosed, heavily over-
20 medicated, and here as we roll forward he lives
21 with depression, he is in recovery, he=s happily
22 married, he=s got two beautiful daughters, and

1 he=s the associate creative director for a
2 company in Rockville, Maryland.

3 NAMI, the National Alliance on Mental
4 Illness, has been our safety net through this.
5 It=s a long journey. And so now, since 2006,
6 we=re paying it forward, and served in different
7 capacities as a volunteer. I truly believe in
8 wellness, and we can do this. As a good friend
9 of mine, Dr. David May, says, what=s good for
10 the heart is good for the brain.

11 And so we need to continue this. I
12 think it=s important that we have pilot
13 programs. We need to try it out. You don=t
14 necessarily have to fix the whole waterfront,
15 but if you can get couple of pilot programs and
16 they work, and get the people to make them
17 operate, it=s money in the bank. It really is.

18 And so we need to collaborate. I know
19 the VA, huge organization. NAMI=s a huge
20 organization, but we don=t always have to
21 reinvent the wheel. There are opportunities out
22 there that we need to bring together to make

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1 this work.

2 I think some of the things we=ve done
3 on a lower level, this collaboration, a couple,
4 four years ago, we had a social worker and five
5 clients go to the Y. And they went as a group,
6 they went and worked out, they walked, they
7 maybe swam, but they stayed together as a group.
8 Today we have over 400 people that go to the Y
9 independently and it=s all part of their
10 recovery. All part of their recovery.

11 We also have a program, Walkabout
12 Rewards, where -- as we all know a person with
13 mental illness has a life expectancy that=s
14 about 25 years shorter. So if we can improve the
15 overall wellness, it=s important. So we promoted
16 walking. We get people to walk, they do 30
17 sessions of walking, we have a collaborative
18 effort with a shoe store, they go in, they get
19 fitted. We=ve distributed over 100 pair of new
20 shoes.

21 Just this last year we=re trying our
22 ride-about rewards where we got nine bicycles

1 that the Kenosha Police Department picked up
2 along the way, took them to a bike shop, got
3 them repaired, and so we distributed nine
4 bicycles with a helmet, with a lock, with
5 lights, as part of this overall wellness, plus
6 transportation. And I'm sure we're going to talk
7 about transportation during this commission.

8 So we can do this. We can do this.
9 And why are we all here? Because we care. We
10 really care, and we have the toolkits to make it
11 better. The VA has turned the corner, we need to
12 pool our resources, to pool our toolkits to keep
13 it going. Thank you, full speed ahead.

14 CHAIR LEINENKUGEL: Jack, thank you so
15 much. You have a great background. So happy to
16 have you on board as well. At this time I would
17 like to introduce across the table a person I
18 just got to know a couple of months ago and met
19 for the first time, another fellow Marine,
20 Matthew Amidon. Matt?

21 COLONEL AMIDON: Mr. Chair, thank you.
22 Czar Meyer, Dean Clancy, Dr. Stone. As you

1 mentioned earlier today, we're taking time out
2 of our busy lives but this is actually value
3 added and completely interrelated to my busy
4 life, so I'm truly honored to be here, and this
5 is deeply meaningful to me. As I continue to
6 wear two professional hats, one that of a
7 colonel in the Marine Corps Reserve, where I
8 just returned from drill weekends, where we had
9 a memorial service for a young private who took
10 his own life in the barracks.

11 And then my professional life, I have
12 the great honor to be the Director of Military
13 Service Initiative at the George W. Bush
14 Presidential Center and to reiterate, this is an
15 apolitical space, and veterans mean everything
16 to everyone, we believe. The Presidential Center
17 itself, as you can imagine, just continues the
18 work that they did while in office under three
19 portfolio areas.

20 We engage leaders, advance policy,
21 but most importantly, take action through three
22 portfolio areas, one being global leadership.

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1 Some of you remember PEPFAR, we continue that
2 work with AIDS and HIV relief and cervical
3 cancer screenings alongside the Human Freedom
4 Initiative and the Women=s Leadership Initiative
5 for dissidents around the world.

6 MSI belongs to the Domestic
7 Excellence portfolio and what the Military
8 Service Initiative does is utilizes what we
9 believe is a unique platform to really ensure
10 quality transitions for post-9/11 veterans and
11 their families, with a focus on employment,
12 education and of course, health and well-being.
13 We believe those are absolutely interrelated
14 features of transition and a quality life,
15 they=re not mutually exclusive and so you can=t
16 really talk about one without the other. Clearly
17 our focus here is within health and well-being.

18 We have four portfolios in MSI to
19 advance that work. One is economic opportunity
20 where we connect veterans with high-quality
21 educational and employment resources to engage
22 in that next career. We have a Team 43 military

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1 adaptive sports initiative and I will say that
2 it=s so much more than just a golf tournament
3 and a bike ride.

4 What you do see is a proud alumni
5 network of 156 warriors who are engaging more
6 actively in their own health and well-being via
7 activity, community, belonging, purpose and
8 meaning. And so Team 43 is, they=re our honest
9 ambassadors and feedback mechanisms, and I think
10 this work is so incredibly important because it
11 begins to answer the hard question of, who is
12 your core customer, where are they, where are
13 they partaking of care, what do they think
14 works? And if you build it, will they come? And
15 so those are our brokers who can help us
16 understand that.

17 We have a veteran leadership program,
18 because not only is it a veteran issue, it=s a
19 national issue and we just stood up our recently
20 established Stand-To Veteran Leadership Program,
21 a cohort of 34 scholars from a variety of
22 sectors both public and private, fortunately,

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1 who want to advance their own knowledge of the
2 veteran space and work to greater impact for
3 those in need. So we're very excited about that.

4 Finally, our health and well-being
5 portfolio where our tool to advance the work is
6 through our Warrior Wellness Alliance. And in
7 that, I think we exist very uniquely at the
8 intersection of the public and private, and that
9 of the provider and customer. And we're
10 believers again of the many, many veterans in
11 this country, and whatever number you choose
12 21.8 or 22, how many are eligible, how many are
13 enrolled, how many partake of either VBA, VHA or
14 elsewhere?

15 So there's a wide opportunity to
16 increase the aperture where that care is being
17 delivered through the Warrior Wellness Alliance,
18 but we've engaged with some of the more notable
19 academic centers, Harvard, Rush, UCLA, Emory,
20 alongside some other care providers to include
21 the Cohen Veterans Network, but we have had now
22 a three-year relationship with many departments

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1 within the VA. So we've been very fortunate to
2 do that, and thank you very much for helping us
3 learn more about what this need truly is.

4 The objectives of our alliance,
5 however, are to get more people in need into
6 care because like it or not, many of them don't
7 even want to get into care. First of all, what
8 is your definition of care? And so in doing so,
9 we recognize that you can have one side of the
10 table, which is very relevant and high-quality,
11 best-in-class care providers, but if there's no
12 influencers to get those in need into care, it
13 matters less.

14 And so on the other side of the table
15 in our alliance we've engaged with some of who
16 we feel are the more relevant, post-9/11
17 organizations out there. Team Red White and
18 Blue, Team Rubicon, Wounded Warriors Project,
19 Student Veterans of America, our own Team 43,
20 and The Mission Continues. And so this
21 membership network comprises just over one
22 million people and we believe that's a very

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1 compelling mechanism to not only communicate
2 what care should look like but to influence
3 people to get into care, whether that be at the
4 VA or other high-quality providers. And we
5 certainly are huge fans of the amazing care and
6 passion that exists within and amongst the VA.

7 So basically that=s what we do, and
8 we=re very excited to be part of this work. I=m
9 honored to be here and again, on a personal
10 note, remembering that young Marine who took his
11 life here recently. We=re just very excited to
12 optimize what Kacie Kelly likes to tell us is
13 that life worth living, and that=s more than
14 just clinical care although that=s a crucial
15 component of it, it=s peer, community,
16 belonging, network, and meaning. So again, Mr.
17 Chair, thank you so much, I=m honored to be a
18 part of this.

19 CHAIR LEINENKUGEL: Thank you very
20 much, Matt. So happy to have you on board, as
21 well. I appreciate your background and
22 everything that you're bringing.

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1 I want everybody to note that, I got
2 to know Matt through Kacie Kelly, who he just
3 mentioned, who's been working directly with the
4 executive order on veteran suicide.

5 And I know the VA is going to be very
6 much involved, is very much involved in this
7 executive order, as is DoD. And the White House
8 is trying to put together, in a very short
9 compressed time frame, some big initiative
10 announcement for September.

11 And Matt's counterpart, Kacie, has
12 been working directly with the person that will
13 be introduced to this team, as well, and will be
14 an advisor, Drew Trojanowski, who I think a lot
15 of, have a lot of respect for, and is with the
16 Domestic Policy Council out of the White House,
17 so it's -- we will have that connection going
18 forward, as well. But thank you, Matt.

19 And at this time, last but not least,
20 at this point, is the lady from California.
21 Shira, nice to have you and so happy to hear
22 that the jet-lag hasn't set in yet, but go

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1 ahead, Shira.

2 (Laughter.)

3 DR. MAGUEN: Thank you, so much.
4 It's such an honor to be here today and to be
5 part of this commission. My background is
6 actually in clinical psychology, so I was
7 formally trained as a clinical psychologist,
8 currently at the San Francisco VA, and really
9 most of my training has actually been at the VA.

10 And so I think that that's been a
11 really important part of my background. I
12 started out in 2001 at the Boston VA Healthcare
13 System. I was an intern there, stayed for
14 post-doc and then just couldn't imagine leaving
15 after that, and so I was at the National Center
16 for PTSD, where I did most of my training early
17 on, and then moved to the San Francisco VA in
18 2005, where I've been since.

19 So the VA is, has gone incredible
20 transformation in the time that I've been there,
21 and really since September of 2001, and it's
22 just been an honor to be part of that.

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1 And my -- what I actually do at the
2 San Francisco VA is I serve several roles there.
3 I, I'm a clinician, and so I see people in our
4 PTSD clinic.

5 I'm part of that PTSD clinical team.
6 I do evidence-based psychotherapy there for our
7 veterans. I also work within -- I'm the Mental
8 Health Director of our Integrated Care Clinic
9 for post-9/11 veterans, and so I lead a team of
10 people who are doing both primary care, mental
11 health, and social work as kind of a part of a
12 one visit, so it's a one-stop-shop model there,
13 so where we try to get veterans connected.

14 And we have a lot of student veterans
15 who are coming in. We have a big student
16 population, and so we try to get them connected
17 up to care right away when they come see us for
18 primary care.

19 In addition to that, I do research
20 and also teaching, and so a lot of the residents
21 that are coming in, a lot of the psychology
22 trainees, interns and post-docs, also very

1 involved in training as well, and so I see the
2 next generation of our clinicians sort of being
3 trained, and thinking about what we want to
4 impart to them and how we want to help them,
5 knowing that many of our trainees will actually
6 stay in the VA system.

7 In San Francisco we've actually seen
8 that quite a bit, so we'll have residents come
9 and take on staff positions, and the same with
10 psychology trainees, and so a lot of the people
11 that I've trained are now part of our healthcare
12 system, and that's wonderful to see, as well.

13 My research is under the umbrella of
14 post-traumatic stress disorder, and I'm very
15 interested in our evidence-based treatments for
16 PTSD, also thinking outside of the box of how we
17 can help our veterans.

18 Something that's been incredible to
19 see at our medical center is really a lot of the
20 research that we do is not only in the
21 evidence-based care psychotherapies that we
22 know, but we also have an exercise trial that's

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1 now happening.

2 We also have a number of other, you
3 know, meditation trials that are going on, and
4 so I think it's really nice to see that even the
5 research is really expanding in a dramatic way
6 here at the VA San Francisco, but also at other
7 VAs as well.

8 So I think the other areas of
9 research that I do are in moral injury and the
10 impact of killing in war, and I'm also very
11 interested in gender differences and how war
12 affects men and women and how that's different,
13 as well.

14 So I'm really looking forward to
15 contributing what I have seen over the years
16 here, and I've also been very impressed with the
17 -- with the whole health movement that I've seen
18 shift the VA. And I know, just in the last few
19 years, there have been several changes in our
20 VA, too, and I think it's an incredible way to
21 be thinking about healthcare and really look
22 forward to the ways in which we're going to

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1 expand as a result of that. So thank you so
2 much for having me.

3 CHAIR LEINENKUGEL: Sure. Thank you
4 --

5 DR. MAGUEN: Yes.

6 CHAIR LEINENKUGEL: -- for being part
7 of this commission. From what I heard, as the
8 chairman of this illustrious group, was a very
9 diverse, yet very common in many respects,
10 background, passion for being here and taking
11 care of veterans, making sure that they are
12 receiving the best possible care, and an ongoing
13 spirit to better yourselves.

14 Some of us are retired but still
15 working very hard and very passionately towards
16 things that you truly believe in, and that's why
17 I think that everything that was stated out of,
18 from everybody here, there's a personal
19 connection to veterans and their mental health
20 and their overall care, so I'm very excited
21 about that.

22 There is another person that will be

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1 coming on board. He walked in here briefly.
2 It's Tom Harris. Unfortunately, he was just
3 named by the Senate majority, and he has not
4 done what's called the 450, you all are familiar
5 with that annual exercise, also the 278 version.

6 And so, you know, that, hopefully,
7 will be expedited, and certainly the ethics
8 people and the lawyers do the right thing, so
9 that we're all here and fully vetted.

10 I know that Sheila's going to
11 introduce me. She doesn't need to do that. I
12 wanted to add, from my perspective on
13 background, a little bit about my experience
14 prior to coming in here and why did I come in
15 here to begin with. And some of you have heard
16 the story, so bear with me.

17 But I worked my entire life out of a
18 little town called Chippewa Falls, Wisconsin,
19 were my great-great-grandfather started a
20 brewery back in 1867 because there was 2,800
21 lumberjacks doing white pine in that business,
22 and they had no beer.

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1 So he and his, he and his friend, who
2 came over from Germany, by the name of John
3 Miller, no relation to Miller Brewing Company,
4 went up there in the wilds of the north woods
5 and started brewing beer, about 200 barrels, and
6 when I left in 2014, we were over a million
7 barrels of beer for a very little operation.

8 We became connected to Miller Brewing
9 Company, that name again, 1988, and Miller
10 Brewing Companies, I found out, was owned by
11 Phillip Morris, so I got to know what the guts
12 of a big company and how to operate a little
13 company within a big company 99 percent of the
14 time does not work.

15 We've had the Harvard's Business
16 Review contact us in the last couple of years,
17 and now my brother, Dick, is in charge. And we
18 will be doing an extensive review with them of
19 how this worked, how did the family stay in and
20 operate the business and they -- that's a great
21 side story of over a couple of years.

22 But I was a Marine, and I love the

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1 Marine Corps. I went in in the mid-'70s, the
2 last battalion, I was at Camp Pendleton, was
3 coming back, was a young second lieutenant,
4 platoon commander, thought I knew everything and
5 knew nothing, and I saw some of the veterans
6 coming back from Vietnam, and it was a wake-up
7 call for me.

8 They were not in good shape. There
9 were fights, there were knifings, there were
10 attacks throughout Oceanside, on base, and we
11 let those people go back to the civilian world
12 as fast as possible. Those were the orders.

13 It was called an expeditious
14 discharge. In other words, the military did not
15 want to deal with them. That's what I
16 discovered in retrospect, and we sent them home.

17 And the Vietnam veterans forever, in
18 my mind, have a special place because of how
19 they were not treated with dignity and respect
20 after serving their country.

21 That being said, I served my six
22 years. I absolutely loved it after we got over

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1 the Vietnam stage. I was prepared to make it a
2 career, and my father wrote me a letter when I
3 was literally in the mud for 50 days in South
4 Korea.

5 And most of our company was very sick
6 at the time, but we still did what Marines do,
7 and that's, we do the mission, complete the
8 mission. It was Operation Team Spirit.
9 Horrible weather and horrible conditions. But,
10 you know what, we weren't getting shot at until
11 the second to the last day of the operation when
12 North Korean saboteurs came in, and actually we
13 thought it was friendly fire. So that was my
14 one time with being shot at and realizing how
15 scary that really is.

16 About a week later I received a
17 letter, once we were drying out, from my father
18 asking if I would consider coming back into the
19 company.

20 That was 1982, and I really struggled
21 with it, and I went to my battalion commander
22 and he looked at me, and he said, Jake, you

1 would be crazy if you did not do this. But you
2 would be an excellent Marine officer, you'd have
3 a great career, yada-yada-yada, but you should
4 always do something that is true to your heart
5 when the family asks you.

6 So that's what I did. I went back
7 and spent the next 35 years building a great
8 business in beer, which was a lot fun. You meet
9 a lot of interesting people, and you hear a lot
10 of crazy stories.

11 I was able to bring in a great team
12 of folks that are doing better than I was, so
13 that's a great legacy to leave. I also had a
14 son -- or a father that was a World War II
15 Marine, and he was my go-to point and actually
16 my person that I could lean on through my
17 business career and also as a father and a
18 Marine.

19 Two sons that became Marines, so I
20 hope that I become to them the same as my father
21 has done to me. Both of them are in the beer
22 business right now, both enjoying it.

1 And both look back and reflect on
2 their Marine careers, careers being four years,
3 both of them, and one in -- was it Operation
4 Enduring Freedom, and, boy, so both of them at
5 different times, but similar-type experiences.

6 One came out great. The other came
7 out with issues, depression, was not properly
8 treated, was told that what you need to do is
9 get on with school and get a job, and that was
10 by a VA doctor.

11 Went to another VA doctor who said,
12 no you have some issues. That was 2008, so
13 that's ten years ago. And so when he reflects
14 back and looks at that time and what happened,
15 and it happened relatively quickly as far as
16 getting care because what he did is he started
17 going back and exercising more, he connected
18 with people, he got involved in the community,
19 all those things that a lot of veterans struggle
20 with.

21 And he had somebody, a family to go
22 back to, not all veterans do, and he also found